RC Form 255-RC (Rev. 06/03/16)

TEXAS DEPARTMENT OF STATE HEALTH SERVICES RADIOACTIVE MATERIALS LICENSING GROUP – MC2003, ZZ113-120 P.O. Box 149347 Austin, TX 78714-9347

7.7.1	12	120	
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FOR AGENCY USE ONLY	
ID No	
Staff Initials	

RADIOGRAPHER RECIPROCITY QUALIFICATION

	_ l	INITIAL RECIPROC	ITY 🔲	UPDATED RECIPRO	CITY		
		PLEASE '	TYPE OR PRI	NT LEGIBLY			
PE	RSONAL DATA						
Full	Name	Last		First		Middle	
Dat	e of Birth		Social S	Security No.			
	iling Address	,			City	State	Zip
Pho	ne No.						
	JT-OF-STATE Copy of current ID is re			for processing.			
Sate	e of issue	Date of exp	iration	ID#			
СН	ECK ONE: Ra	dioactive Materials (Only 2	X-Ray Machines Only	☐ Bot	th	
CH	ECK ONE (IF APPLI	CABLE): RAI	M Trainer	X-RAY Trainer		BOTH Trainer	
. RA	ADIOGRAPHER urrently working for a			Nomplete this section, and	the RSO n	nust sign this forr	n.
If c	mpany Name						
If co				ense/Registration No			
If co Cor Co.			Co. Lice	ense/Registration No			Zip
If concentration	Phone No.		Co. Lice	ense/Registration No			
If concentration	Phone No		Co. Lice	ense/Registration No			
If concentration	Phone No Mailing Address CRTIFICATION	nation is correct to the	Co. Lice Street	ense/Registration No	City	State	

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.dshs.state.tx.us.policy/privacy.shtm for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004.)